### Form 990

### Return of Organization Exempt from Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2004

Open to Public Inspection

	Ą	For the 2004 calendar year, or tax year beginning 9/01,	2004, and	ending	8/31		, 2005
I	В	Check if applicable.			D Em	ployer Ide	Intification Number
		Address change   Please use   COMMITTEE FOR MISSING CHILDREN	N, INC.		58	3-221	.5576
		Name change   or print   242 STONE MOUNTAIN STREET				phone nu	
		See ILAWKENCEVILLE, GA 30045			91	10-52	25-8204
		Initial return specific instruc-				ounting hod:	
		Final return tions.			F mel	٦	Crish X Accrust
		Amended return			Other (s	pocify)	
		Application pending • Section 501(c)(3) organizations and 4947(a)(1) nonexe	mpt	H and Lan	a not applicable to a	action 52	
		charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		H (n) ls	this a group return	for affiliat	test? You X No
	_	Wob site: ► FINDTHEKIDS.COM		H (b) II	Yes," enter number o	d affiliator	▶
-	G	WOD BRO: F TRUTTERIDS.COM		H (c) A	re all affiliates inclu	ded?.	Yes No
		Organization type	$\overline{}$	(11	'No,' attach a list	See matri	uctions )
-	_	(check only one) ►   X   501(c) 3 < (insert no )   4947(i)(1) or	527	H (d) ⋈	this a separate retu	ırıı filad b	y tin
ļ		Check here if the organization's gross receipts are normally not more the		1 ''	ganization covered		• — —
		\$25,000. The organization need not file a return with the IRS; but if the organ received a Form 990 Package in the mail, it should file a return without finance.	ization rial data	I G	roup Exemption	n Numb	
		Some states require a complete return.	ilai Galla	<u> </u>			zation is not required
-		Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 3, 757, 742.					90, 990-EZ, or 990-PF).
F		Revenue, Expenses, and Changes in Net Assets or Fu	ınd Rala	1			70, 000 22, 0. 000 , ,
L	ra	······	illu Dala	inces (s	see instructions	.) विश्वस्थान	
		1 Contributions, gifts, grants, and similar amounts received.	۱.	1 .	3 753 160		
		a Direct public support	1	<del></del>	3,753,162.	-[33]	
മ		<b>b</b> Indirect public support	1	b		1983	
2005		c Government contributions (grants)	1	с	··	]*****	
		d Total (add lings and 1c) (cash \$ 3,753,162. noncash \$	)			1 d	3,753,162.
dood		2 Program service revenue including government fees and contracts (from	2				
0	- 1	3 Membership dues and assessments				3	
įΩ.		4 Interest on savings and temporary cash investments				4	
		5 Dividends and interest from securities				5	
_		6a Gross rents	6	a		385	
SCANNÉD		b Less rental expenses	6	ь			
<b>S</b>		c Net rental income or (loss) (subtract line 6b from line 6a)			6c		
$\overline{z}$	_	7 Other investment income (describe	S	EE STA	ATEMENT 1)	<del></del>	4,580.
₹	E	(A) Securitie			(B) Other	1888	1,000.
$\mathcal{Q}$	Ĕ	8a Gross amount from sales of assets other than inventory	8		(-,		
(N)	N		8			-32	
	E	b Less cost or other basis and sales expenses	8			1888	
		c Gain or (loss) (attach schedule)		<u>c </u>		- ≈∵≈	
		d Net gain or (loss) (combine line 8c, columns (A) and (B))			~_	8 d	
	_	9 Special events and activities (attach schedule) If any amount is from g	-	eck nere	-	100 mg/	
ł		of contribute the line land		1		1000	
11	-	Teporte on line la	9				
9		b Less direct expenses other than fundraising expenses	_ 9	<u>b</u>	<del></del>		
8 8	J	ANC Net in 6666 or less) from special events (subtract line 9b from line 9a)		1		9 c	
11		10a Gross sales of thentory, less returns and allowances	10	a			
1		GDIESE COEL OF GOODS SOLD	10	ь	_	_]	
		Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line	10a)			10 c	_
		11 Other revenue (from Part VII, line 103)				11	
		12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12	3,757,742.
-		13 Program services (from line 44, column (B))				13	296,982.
	E X P	14 Management and general (from line 44, column (C))	14	49,492.			
	P E N	15 Fundraising (from line 44, column (D))	15	3,257,862.			
	N S	16 Payments to affiliates (attach schedule)	16	2,23.,002.			
	S E S	17 Total expenses (add lines 16 and 44, column (A)).	17	3,604,336.			
-	_	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	153,406.			
	. A		(4))				
	H S E E T T	19 Net assets or fund balances at beginning of year (from line 73, column	ヘル	CEP C	PAMENTAL (	19	205,711.
	TT						373.
-		21 Net assets or fund balances at end of year (combine lines 18, 19, and 2	<u>(U)</u>			21	359,490.

Part II..... Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

22 crists and elicacians (oil sch) (cash 5 crists and elicacians (oil sch) (cash 5 crists and elicacians (oil sch) (cash 5 crists and elicacians (oil sch) 22 crists and elicacians (oil sch) 23 sport as sestimate interviolatio (oil sch) 24 crists and elicacians (oil sch) 25 crists and elicacians (oil sch) 26 components of elicac dictors, 6t. 35 121,334. 112,334. 9,000. 27 Pentilen plan conflictulina. 28 2 1,1,533. 1,533. 29 Crists and elicacians of elicac dictors, 6t. 35 121,334. 112,334. 9,000. 29 Prentile plan conflictulina. 29 14,112. 13,380. 732. 20 Other enpelypo benefits 28 2 14,112. 13,380. 732. 30 Percolarserval fundranishing foce. 30 3,248,442. 30 Precolarserval fundranishing foce. 31 8,200. 7,380. 820. 31 Accounting foce. 31 8,275. 7,582. 543. 31 Components of elicacians of elica	C	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
non-cash   2   2   2   2   2   2   2   2   2	22	•					
22   Sport assistance in ordinate (sit sen)   22   24   25   27   27   27   28   27   28   27   28   28		· · · · · · · · · · · · · · · · · · ·					*
24   Semilic paid to or to member (nit ch)   24   25   121,334   112,334   9,000	22					, , , , , , , , , , , , , , , , , , ,	The first minning of the first
25 Compression of efficient, effecting, etc.   25   121, 334   112, 334   9,000   26   27 Porolon plan contributions   27   1,533   1,533   28   29 Poyroll trace   28   14,112   13,380   732   29 Poyroll trace   29   14,112   13,380   732   21   29   29   20   20   20   20   20   20		• •			·		
26 Other sabries and wappes				121.334.	112,334.	9,000.	77.
28 OPPORT IN COLUMN CONTROL OF THE PROPERTY OF		•		==-/.0031			
29	27	Pension plan contributions	27	1,533.	1,533.		
30   Protestional fundraring foos.   30   3, 248, 442.   3, 348, 442.   3, 348,	28	Other employee benefits	28				
31	29	Payroll taxes	29		13,380.	732.	
32	30	Professional fundraising fees	30				3,248,442.
33   Supplies   33   Supplies   34   Tolephone   34   11, 328   11, 177   151   33   70   75   75   75   75   75   75   75	31	Accounting fees				<del></del>	
34   Tilephone   34   11,328   11,177   151	32	_	_				
35   3, 401   3, 078   323   323   36   323   36   323   36   36	33	Supplies .	-			<del></del>	
36		·				<u> </u>	
37   5,196   4,676   520			<del></del>				
38		•					
39		• •		5,196.	4,6/6.	520.	
40   Conterences, conventions, and meatings   40   31, 680.   31, 680.   41   505.   505.   505.		•	<u> </u>	2.750	0 750		
Interest	-				2,759.	22 622	
42 Depreciation, depletion, etc (ettach schedule) 43 Other expenses not covered above (timens)  a SEE STATEMENT 3  b		•	<del></del>				
43 Other expenses not covered above (itemize)  a SEE_STATEMENT 3  43a						<del>                                     </del>	
a SEE STATEMENT 3	_		42	5,670.	5,263.	407.	
b				116 170			
Comparison of the program service   Comparison of the program se			-	116,173.	103,937.	2,816.	9,420.
d							
44 Total functional expenses (add lines 22 · 43) Organizations completing columns (8) · (D).  44 3 , 604, 336. 296, 982. 49, 492. 3, 257, 862.  Joint Costs. Check * \( \) If you are following SOP 98-2.  Are any joint costs from a combined educational campaign and fundroising solicitation reported in (8) Program services?  \$					· · · · · · · ·		
to bluricitional paperes (cdd lines 27-4)	C						
Joint Costs. Check   X   if you are following SOP 98-2.  Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?   Yes X   No if Yes, enter (i) the aggregate amount of those joint costs   S   , (ii) the amount allocated to Program services   1   , (iii) the aggregate amount allocated to Management and general   S   , (ii) the amount allocated to Program services   S   , (iii) the amount allocated to Program services   S   , (iii) the amount allocated to Program services   S   , (iii) the amount allocated to Program services   S   , (iii) the amount allocated to Program services   S   , (iii) the amount allocated   S   , (iii) the amount allocat	44	Total functional expenses (add less 22 42)	430				
Are any joint costs from a combined educational campaign and fundroising solicitation reported in (B) Program services?  \[ \begin{align*} \text{Yes} \text{ No} \\ \text{If Yes} \text{ onter (I) the aggregate amount of those joint costs \\ \begin{align*} \text{. (iii) the amount allocated to Program services \\ \begin{align*} \text{. (iii) the amount allocated to Program services \\ \begin{align*} \text{. (iii) the amount allocated to Program services \\ \begin{align*} . (iii) the amount allocated to Program service \\ \text{. (iii) the amount allocated to Program services \\ \text{. (iii) the amount allocated to Program service \\ \text{. (iii) the amount allocated to Program service \\ \text{. (iii) the amount allocated to Program service \\ \text{. (iii) the amount allocated to Program service \\ \text{. (iii) the amount allocated to Program service \\ \text{. (iii) the amount allocated to Program service \\ \text{. (iii) the amount allocated to Program service \\ \text{. (iii) the amount allocated to Program service \\ \text{. (iii) the amount allocated to Program service \\ \text{. (iii) the amount allocated to Program service \\ \text{. (iii) the amount allocated to Program service \\ \text{. (iii) the amount allocated to Program service \\ \text{. (iii) the amount allocated to Program service \\ \text{. (iii) the amount allocated to Program service \\ \text{. (iii) the amount allocated to Program service \\ \text{. (iii) the amount allocated to Program service \\ \text{. (iii) the amount allocated to Program service \\\ \text{. (iii) the amount allocated to Program service \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	44	Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	3,604,336.	296,982.	49,492.	3,257,862.
If Yes, onter (i) the aggregate amount of these joint costs \$	Join	t Costs. Check ►X if you are following	SOP 9	8-2.			
\$							
to Fundraising \$ Part Illi   Statement of Program Service Accomplishments  What is the organization's primary exempt purpose? > LOCATING MISSING CHILDREN All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable fusts must also enter the amount of grants & allocations to others)  a DISTRIBUTION OF PHOTOS OF MISSING CHILDREN, EDUCATION AND CASE  MANAGEMENT, PARENT ADVOCACY AND THE DEVELOPMENT OF AN INTERNATIONAL  DATABASE FOR THE BENEFIT OF PARENTS AND LAW ENFORCEMENT AGENCIES.  (Grants and allocations \$ ) 296, 982.  (Grants and allocations \$ )  (Grants and allocations \$ )  e Other program services (Grants and allocations \$ )			•				
Part	· -		ocatod	to Management and ger	neral \$	, and (iv) th	e amount allocated
What is the organization's primary exempt purpose?   LOCATING MISSING CHILDREN  All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)3) as (40 organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)  a DISTRIBUTION OF PHOTOS OF MISSING CHILDREN, EDUCATION AND CASE  MANAGEMENT, PARENT ADVOCACY AND THE DEVELOPMENT OF AN INTERNATIONAL  DATABASE FOR THE BENEFIT OF PARENTS AND LAW ENFORCEMENT AGENCIES.  (Grants and allocations \$ )  b  (Grants and allocations \$ )  (Grants and allocations \$ )  c  (Grants and allocations \$ )  e Other program services (Grants and allocations \$ )				\			
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)  a DISTRIBUTION OF PHOTOS OF MISSING CHILDREN, EDUCATION AND CASE  MANAGEMENT, PARENT ADVOCACY AND THE DEVELOPMENT OF AN INTERNATIONAL  DATABASE FOR THE BENEFIT OF PARENTS AND LAW ENFORCEMENT AGENCIES.  (Grants and allocations \$ ) 296, 982.  (Grants and allocations \$ )  d  (Grants and allocations \$ )  e Other program services (Grants and allocations \$ )					TCCINC CUITIONEN		Brown Sanda Frances
a DISTRIBUTION OF PHOTOS OF MISSING CHILDREN, EDUCATION AND CASE  MANAGEMENT, PARENT ADVOCACY AND THE DEVELOPMENT OF AN INTERNATIONAL  DATABASE FOR THE BENEFIT OF PARENTS AND LAW ENFORCEMENT AGENCIES.  (Grants and allocations \$ ) 296,982.  (Grants and allocations \$ )				achievements in a clear	TOOTING CHITTHE	ate the number of	(Recovered for 501/c)(3) and
a DISTRIBUTION OF PHOTOS OF MISSING CHILDREN, EDUCATION AND CASE  MANAGEMENT, PARENT ADVOCACY AND THE DEVELOPMENT OF AN INTERNATIONAL  DATABASE FOR THE BENEFIT OF PARENTS AND LAW ENFORCEMENT AGENCIES.  (Grants and allocations \$ ) 296,982.  (Grants and allocations \$ )	clien	is served, publications issued, etc. Discuss	achiev	ements that are not me	asurable (Section 501(c	)(3) & (4) organ-	(4) organizations and 4947(a)(1) trusts, but
MANAGEMENT, PARENT ADVOCACY AND THE DEVELOPMENT OF AN INTERNATIONAL DATABASE FOR THE BENEFIT OF PARENTS AND LAW ENFORCEMENT AGENCIES.  (Grants and allocations \$ ) 296,982.  (Grants and allocations \$ ) )							optional for others)
DATABASE FOR THE BENEFIT OF PARENTS AND LAW ENFORCEMENT AGENCIES.  (Grants and allocations \$ ) 296,982.  (Grants and allocations \$ ) (Grants and allocations \$ ) )  (Grants and allocations \$ ) )  (Grants and allocations \$ ) )  (Grants and allocations \$ ) (Grants and allocations \$ ) )	ε						
(Grants and allocations \$ ) 296, 982.  (Grants and allocations \$ )							1
(Grants and allocations \$ )		DATABASE FOR THE DENETTI	Or -			GENCIES.	206 002
(Grants and allocations \$ )  e Other program services (Grants and allocations \$ )				(Grants an	a allocations \$		296,982.
(Grants and allocations \$ )  d	t	'					
(Grants and allocations \$ )  d							
(Grants and allocations \$ )  d			<b></b> -		d allocations		
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(Grants and allocations \$ )  e Other program services (Grants and allocations \$ )	•						
(Grants and allocations \$ )  e Other program services (Grants and allocations \$ )							
(Grants and allocations \$ )  e Other program services (Grants and allocations \$ )				Grants an	d allocations		
(Grants and allocations \$ )  e Other program services (Grants and allocations \$ )				(Grants an	u allocations \$		
e Other program services (Grants and allocations \$ )	•	'					
e Other program services (Grants and allocations \$ )			- <del>-</del> -	· <b></b>			
e Other program services (Grants and allocations \$ )			- <b>-</b> -		d allocations		
		Other program sequence			<del></del>	<del></del>	
			uld ea			<del></del>	296 982

Part IV. Balance Sheets (See Instructions)

Note	.Whei colur	re required, attached schedules and amounts within mn should be for end-of-year amounts only.	Beginni	(A) ng of year		(B) End of year	
	45 (	Cash - non-interest-bearing			259,999.	45	491,529.
	46 9	Savings and temporary cash investments			1,466.	46	1,217.
		Accounts receivable	47 a			ار الله الله الله الله الله الله الله ال	
	bЦ	Less: allowance for doubtful accounts	47 b			47 c	
Ī	48 a F	Pledges receivable	48 a			1.17	
-	Ьι	Less, allowance for doubtful accounts	48 Ь			48 c	
	49 (	Grants receivable	,			49	
A		Receivables from officers, directors, trustees, and kiemployees (attach schedule)			50		
SETS		Other notes & loans receivable (attach sch)	51 a	-		1000	<del></del>
Š		Less allowance for doubtful accounts	51 b			51 c	
	<b>5</b> 2 I	Inventories for sale or use	52				
	<b>53</b> F	Prepaid expenses and deferred charges			53		
H		investments - securities (attach schedule)	► Cost	FMV		54	
ı	55 a l	Investments - land, buildings, & equipment basis	55a			33	
		Less accumulated depreciation (attach schedule).	55 b			55 c	
	•	investments - other (attach schedule)			<del></del>	56	<del></del>
	57 a L	Land, buildings, and equipment, basis	57a 59,	093.			
	<b>b</b> (	Less, accumulated depreciation (attach schedule) STATEMENT 4.		153.	13,804.	57 c	16,940.
ļ	58 (	Other assets (describe > SEE STATEMENT 5		_)	1,424.	58	1,424.
	59 1	Total assets (add lines 45 through 58) (must equal l	ne 74)		276,693.	59	511,110.
	60 A	Accounts payable and accrued expenses			12,612.	60	16,522.
L	61 (	Grants payable				61	
AB	<b>62</b> [	Deferred revenue				62	
	<b>63</b> L	Loans from officers, directors, trustees, and key employees (attach	schedule)			63	
ļ		Tax-exempt bond liabilities (attach schedule)				64a	
E S		Mortgages and other notes payable (attach schedule)	_			64 b	
s		Other liabilities (describe - SEE STATEMENT	6	_,	58,370.	65	135,098.
		Total liabilities (add lines 60 through 65)			70,982.	66	<u>151,620.</u>
N C	_		nd complete lines 67				
Ā		through 69 and lines 73 and 74.			205 711	65	250 400
ŝ		Unrestricted .		<del></del>	205,711.	67	359, 490.
O-CHEWOND -		Temporarily restricted .				68	
د ا		Permanently restricted				69	
8 ,	_	zations that do not follow SFAS 117, check here > 70 through 74	and complete lin	es			
E		5			70		
62C3		Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and equ		<del></del>	71		
B		raid-in or capital surplus, or land, building, and equ Retained earnings, endowment, accumulated incom	<del> </del>	<u></u>	72		
BALAZUW	73 1	Total net assets or fund balances (add lines 67 thro	ıgh	005 311		250 400	
Š	7	72, column (A) must equal line 19, column (B) must	equal line 21)		205,711.	73	359,490.
	74	Total liabilities and net assets/fund balances (add li	nes 66 and 73)	L_	276,693.	74	511,110.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Par	*Financial Statements	vith	Revenue	Part	IV-B Reconcilia Financial	Statements wit	es	per Audited
	per Return (See instru	Ctioi	ns.)	ļ	per Return	1		<u>, </u>
a	Total revenue, gains, and other support per audited financial statements	- <u>a</u>		a	Total expenses and financial statements	osses per audited	a	3,604,336.
b	Amounts included on line a but not on line 12, Form 990		Sign and a second	ь	Amounts included or on line 17, Form 990		-	20 12 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(1)	Net unrealized gains on investments \$	137	an more in a remaine	(1)	Donated services and uso of facilities \$		rasi	Marie manen carante
(2)	Donated services and use of facilities \$	AN AN	week which the the	(2)	Prior year adjust- ments reported on line 20, Form 990 \$		جيعي	
(3)	Recoveries of prior year grants \$	1. 400 T. 1.	The state of the s	(3)	Losses reported on line 20, Form 990 . \$		1000 M	to respect to the same of the
(4)	Other (specify)	3,,		(4)	Other (specify).			
	\$\$						***	
	And amounts on times (1) through (4)	<u> </u>		1	Add amounts on lines (1)	through (4)	Ь	2 604 226
С	Line a minus line b	- c	3,757,742.	C	Line a minus line b	•	C	3,604,336.
d	Amounts included on line 12, Form 990 but not on line a:			d	Amounts included or Form 990 but not on		S	
(1)	Investment expenses not included on line 6b, Form 990 . \$			(1)	Investment expenses not included on line 6b, Form 990 \$			
(2)	Other (specify)			(2)	Other (specify)			
		<b>*</b>			s			
	Add amounts on lines (1) and (2)	- d	Y:		Add amounts on line	es (1) and (2)	ď	ALL THE PROPERTY OF THE PARTY O
0	Total revenue per line 12, Form 990 (line c plus line d).		3,757,742.	е	Total expenses per l 990 (line c plus line	ine 17, Form		3,604,336.
Parl	V List of Officers, Director	rs, T		Empl			ensa	
	(A) Name and address	•	(B) Title and average ho per week devoted to position	urs	(C) Compensation (If not paid, enter -0-)	(D) Contributions employee benef plans and deferre compensation	iŧ	(E) Expense account and other allowances
SEE	STATEMENT 7							
		-			121,334.		0.	0.
					<del></del>			
 		-						
				_				
		$\Box$						
75	Oid any officer, director, trustee, or than \$100,000 from your organizati \$10,000 was provided by the relate If 'Yes,' attach schedule — see inst	on ár d org	nd all related organization panizations?	egate o	compensation of more which more than		► [	Yes X No

Form 990 (2004)

BAA

	990 (2004) COMMITTEE FOR MISSING CHILDREN, INC.	58-221557	6	P	'age 5
Pa	rt VI Other Information (See instructions.)			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		76		X
77	Were any changes made in the organizing or governing documents but not reported to the IR:	S? .	77		X
	If 'Yes,' attach a conformed copy of the changes.				, , , , , , , , , , , , , , , , , , ,
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year	covered by this return?	78a		X
b	off 'Yes,' has it filed a tax return on Form 990-T for this year?		78b	N,	<u>/A</u>
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		79	*********	annick X
				- 15-	244
	is the organization related (other than by association with a statewide or nationwide organization membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization > N/A	ion) through common anization?	80 a	- 13 o	X
_		xempt or nonexempt		Action of	Server of the
<b>81</b> a	Enter direct and indirect political expenditures. See line 81 instructions	81a 0.		4	\$ 50°
	Did the organization file Form 1120-POL for this year?	<u> </u>	81 Ь	N,	A
92.	Did the organization receive donated services or the use of materials, equipment, or facilities	at an observe or at		· · · · · · · · · · · · · · · · · · ·	
84 (	substantially less than fair rental value?	at no charge or at	82a		X
t	olf 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption	applications?	83a	X	****
Ŀ	Did the organization comply with the disclosure requirements relating to quid pro quo contribu	itions?	83 b	Х	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	•	84 a		Х
t	of 'Yes,' did the organization include with every solicitation an express statement that such co	ntributions or gifts were	CAL	NI	/A
85	not tax deductible?		84b 85a		/A
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85 b		A
•	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the	e organization received a	-030	(630)	3332
	waiver for proxy tax owed for the prior year.				
C	Dues, assessments, and similar amounts from members	85c N/A	1	XX 877	
	Section 162(e) lobbying and political expenditures	85d N/A	4	, 44°	1,30
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A	-	S. 1886	2 8530
	Taxable amount of lobbying and political expenditures (line 85d less 85e)	851 N/A	٠.	" A APP YOU	
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g	IA.	/ <u>A</u>
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reason dues allocable to nondeductible lobbying and political expenditures for the following tax year?	able estimate of	85 h	N.	/A
86	501(c)(7) organizations Enter. a Initiation fees and capital contributions included on	l I	}	X 2	200
	line 12	86a N/A	4	***	
	Gross receipts, included on line 12, for public use of club facilities	86b N/A	4		
87	501(c)(12) organizations. Enter. a Gross income from members or shareholders	87a N/A	4		
t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	87b N/A			727
88	At any time during the year, did the organization own a 50% or greater interest in a taxable c or an entity disregarded as separate from the organization under Regulations sections 301 77	orporation or partnership, 101-2 and 301 7701-37	00		
۵۵ -	If 'Yes,' complete Part IX i <i>501(c)(3) organizations</i> Enter Amount of tax imposed on the organization during the year un	dar	88	<del> </del>	X (%)
896				`.	¥ 25
	section 4911 • 0., section 4912 • 0., section 4		1		
·	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 exces during the year or did it become aware of an excess benefit transaction from a prior year? If explaining each transaction	s benefit transaction 'Yes,' attach a statement	89 b		χ_
(	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	ne ►			0.
	Enter Amount of tax on line 89c, above, reimbursed by the organization	<b>-</b>			0.
	List the states with which a copy of this return is filed  SEE STATEMENT 8		-,	<del>,</del>	<del>-</del>
	Number of employees employed in the pay period that includes March 12, 2004 (See instruct		90 b	l	0
91	The books are in care of DAVID THELEN Telephone no Located at P 242 STONE MOUNTAIN ST; LAWRENCEVILLE, GA	umber $\stackrel{800-525-82}{\sim}$ ZIP + 4 $\stackrel{800-525-82}{\sim}$		- <b>-</b> -	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 – Check		<u></u>		-
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 92	,	-	N/A

			Unrelate	d business income	Excluded by s	ection 512, 513, or 514	<b>(F)</b>
Note: E	Enter ise in	gross amounts unless dicated.	(A) Business code	<b>(B)</b> Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93	Prog	ram service revenue.					
a							
b c							
ď					<del> </del>		
0			<del></del>				
f	Mod	icare/Medicaid payments					
9	Foos 8	& contracts from government agencies .					
94	Men	bership dues and assessments					
		st on savings & temporary cash invmnts.		·····	<del> </del>		
96		dends & interest from securities	ubucu, libbi mangamanyan sise	28555	* & _ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		95073-0771-0780a 3686a 749 866
		ental income or (loss) from real estatefinanced property.	30 Marie 40 40 10 10	BARCHES ME SERVE SERVE SERVE		720 ACC 17 (19 (19 (19 (19 (19 (19 (19 (19 (19 (19	
		debt-financed property					
		ental income or (loss) from pers prop			-		
99	Othe	er investment income			14	4,580.	
100		or (loss) from sales of assets					
101		r than inventory					
102		s profit or (loss) from sales of inventory .					
		er revenue: a			12 × 9 × 20		
b							
С							
d					<u> </u>	· · · · · · · · · · · · · · · · · · ·	
9		1-1 (-111 (D) (D)1 (C))	895 - 15 .05 a .0000 2		20 / No.0000 200 (000 V	4 500	
		otal (add columns (B), (D), and (E)) al (add line 104, columns (B), (D), a	表示ない。 and (E))	<u> </u>		4,580.	4,580.
		105 plus line 1d, Part I, should equ		on line 12 Part I		· <del>-</del>	4,300.
		Relationship of Activities			cempt Purpo	ses (See instructions )	
Line		Explain how each activity for which	h income is re	ported in column (E) o	f Part VII contrib	outed importantly to the	
<del></del>		of the organization's exempt purp	oses (other th	an by providing lunds to	or such purpose	s).	
<u> </u>							
	$\longrightarrow$						
			·-·	· <del>· · · · · · · · · · · · · · · · · · </del>	<del></del>		
David	81 V&	Information Regarding Tax	vahla Suha	idiaries and Disre	anded Entit	ios (Canada al ana)	
rait	31V.8		T	<del></del>	~	<del></del>	<b>(E)</b>
		(A)	(B)	(0	-)	(D)	(E)
Na		address, and EIN of corporation, nership, or disregarded entity	Percentage ownership in		activities	Total	End-of-year assets
N/A	P	- Consider the control of the contro		8			1000
				8			
				8			
				8			
Part	X	Information Regarding Tra	ansfers Ass	sociated with Pers	sonal Benefit	Contracts (See inst	
a D	id the	organization, during the year, receive any fu	inds, directly or in	directly, to pay premiums on	a personal benefit o	ontract?	Yes X No
		e organization, during the year, pa	• •	•	a personal ben	efit contract?	Yes X No
No	te: //	'Yes' to (b), file Form 8870 and Fo					
		Under perpities of perjury, I declare that I he true, correct, and complete Declaration of	ave examined this hyparer (other than	return, including accompanyin n officer) is based on all inform	ig schedules and stat nation of which prepa	ements, and to the best of my irer has any knowledge	knowledge and belief, it is
Pleas	e i	► ( ) a.f. C /	hl			1 1-17	-06
Sign		Signature officer				Date	
Here	1	► David C. 1	heler	CEO			
_		Type or print name and title		,			
Paid		Preparer's MAIN	11	111	Date / /	Check if	Preparer's SSN or PTIN (See General Instruction W)
Pre-		signature	Vy	m CM	1//6/	71 & ISEN (-71).	N/A
	's	Firm's name (or REYNOLDS, L	YON & CÓ.	, LLC			
parer Use		addense and		STE B		EIN - N/A	
Only		Address, and NORCROSS, G.	A 30071-1	417		Phone no ► (7	70) 449-0285
0 4 4		<del></del>					

#### SCHEDULE A (Form 990 or 990-EZ)

# Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2004

Employer identification number

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

COMMITTEE FOR MISSING CHILDREN, INC. 58-2215576 Part Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter 'None.') (d) Contributions to employee benefit plans and deterred (a) Name and address of each (b) Title and average (c) Compensation (o) Expense employee paid more than \$50,000 hours per week account and other devoted to position allowances compensation CEO DAVID C. THELEN LAWRENCEVILLE, GA 30045 40 70,000. 0 0. Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms) If there are none, enter 'None ') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation <u>XENTEL, INC.</u> 101 NE 3RD AVE #303, FT LAUDERDALE, FL 33301 **FUNDRAISING** 2,147,578. NEWPORT CREATIVE COMMUNICATIONS 33 RAILROAD AVENUE, DUXBURY, MA 02332-3807 FUNDRAISING COUNSEL 721,303. COMMUNITY SUPPORT 312 E. WISCONSIN AVE, STE 408, MILWAUKEE, WI **FUNDRAISING** 193,771. LAS \_ 4200 WISCONSIN AVE, STE 106-115, WASH., DC FUNDRAISING 173,430. Total number of others receiving over \$50,000 for professional services

Sche	aule	SA (Form 990 or 990-E2) 2004 COMMITTEE FOR MISSING CHILDREN, INC. 58-22155	76	F	Page 2
Par	t-111	Statements About Activities (See instructions.)		Yes	No
1	lo i	ring the year, has the organization attempted to influence national, state, or local legislation, including any attempt influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid incurred in connection with the lobbying activities.			
	(Mı	ust equal amounts on line 38, Part VI-A, or line I of Part VI-B )	1		X
	org	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other parizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the bying activities.	guenu	i i i i	n in
2	sub	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any estantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any able organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal nefficiency? (If the answer to any question is 'Yes, attach a detailed statement explaining the transactions.)  SEE STATEMENT 9	4 m	を	100
a	Sal	le, exchange, or leasing of property?	20		X
b	Ler	nding of money or other extension of credit?	2b		х
С	Fur	rnishing of goods, services, or facilities?	2c		X
		SEE FORM 990, PART V			
d	Pay	yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<u>2d</u>	X	<del> </del> -
е	Tra	ansfer of any part of its income or assets?.	2e		X
3a	Dο	you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an		İ	
		planation of how you determine that recipients qualify to receive payments )	3a		X
		you have a section 403(b) annuity plan for your employees?	3ь		X
48		I you maintain any separate account for participating donors where donors have the right to provide advice the use or distribution of funds?	4a		X
b	Do	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
Par	ŧΙV	Reason for Non-Private Foundation Status (See instructions.)			
The 6	orga	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)			_
8 9		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's and state.	name,	city,	
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit Section (Also complete the Support Schodule in Part IV-A.)	170(b)	(1)(A)	)(iv)
11 a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A.)	public		
11 b		A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
12		An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, an from activities related to its charitable, etc. functions — subject to certain exceptions, and (2) no more than 33-1/3% of from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquire organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A.)	of its su	pport	
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports org described in. (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) section 509(a)(3))	anizatio 2) (See	ons !	
		Provide the following information about the supported organizations (See instructions)			
		(a) Name(s) of supported organization(s)	(b) Li	ne nu m abo	
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)			
		[ organization organization operated to test for public safety Section 202(a)(4) (See institutions)		00 5	

99.96 % f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). 261 27 Organizations described on line 12: N/A a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year (2003) \_\_\_\_ (2002) \_\_\_ (2001) \_\_\_ (2001) \_\_\_ (2000) \_\_ bFor any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2003) \_ \_ \_ \_ \_ (2002) \_ \_ \_ \_ c Add Amounts from column (e) for lines 15 16 20 27 c and line 27b total d Add Line 27a total 27 d e Public support (line 27c total minus line 27d total) 27 e f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27 g h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27 h Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Par	Private School Questionnaire (See instructions.) .(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		age 4
		14/1	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		3 mag.
31		31	भ्याः भ्याः भ्याः	7077400 V
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	20 m		Algeria
32	Does the organization maintain the following.			
;	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	1	
١	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
•	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d	100000000	80 100 1
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)	-		
33	Does the organization discriminate by race in any way with respect to.			
i	a Students' rights or privileges?	33a		
ı	b Admissions policies?	33 ь		
•	c Employment of faculty or administrative staff?	33 c		
(	d Scholarships or other financial assistance?	33 d		
(	e Educational policies?	33 e		
1	f Use of facilities?.	33f		
ç	g Athletic programs?	33 g		
ŀ	h Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		:
		.,	278	x 3-
34 a	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
ŀ	b Has the organization's right to such aid ever been revoked or suspended?	34 b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement	,	7.7	, ,,,,
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation	35	itani iy	( <b>%</b>

N/A

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions )
(To be completed ONLY by an eligible organization that filed Form 5768)

Chec	k ► a if the organiz	ation belongs to an affi	liated group. Check	► b	if you	check	ed 'a' and 'lii	nited cont	rol' provisions apply		
_		imits on Lobbying	·				(a) Affilialed lote	group	(b) To be completed for ALL electing		
	<del></del> _	<del></del>	_ <del></del>		<del></del>				organizations		
36	Total lobbying expenditu	·	· ·			36					
37	Total lobbying expenditu	•	• •		•	37					
38	Total lobbying expenditu	•			• • • • • •	38	<del></del>				
39	Other exempt purpose e				,	39			<del></del>		
40	Total exempt purpose e	•	•			40	"hehedrane :	<del></del>			
41	Lobbying nontaxable an If the amount on line 40		: from the following tabl lobbying nontaxable ar		_	经数数		Charles Ac	The state of the s		
	Not over \$500,000	20%	of the amount on line	40			Service Service	30 12 XX XX 13 11 11	A MARKET NO WORK OF THE PARTY O		
	Over \$500,000 but not over \$1,		•						A ANGEOTO NO COMPANY		
	Over \$1,000,000 but not over \$	1,500,000 \$175,0	000 plus 10% of the excess o	ver \$1,000,0	000  -	41					
	Over \$1,500,000 but not over \$	17,000,000 \$225,	000 plus 5% of the excess ov	er \$1,500,00	00	***		8 6 1 5 400 A	Comment of the second		
	Over \$17,000,000 .	. \$1,0	00,000			77%	34 47 18 44 44 16 16 16 16 16 16 16 16 16 16 16 16 16	3.5 9.4			
42	Grassroots nontaxable a	amount (enter 25% of Ir	ne 41) .			42					
43	Subtract line 42 from lin	e 36. Enter -0- if line 42	is more than line 36			43					
44	Subtract line 41 from lin	e 38. Enter -0- if line 41	is more than line 38			44		***************************************			
	Caution: If there is an a	mount on either line 43	or line 44, you must fil	e Form 4	720.						
	4 -Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 )										
	Lobbying Expenditures During 4 -Year Averaging Period										
	Calendar year (or fiscal year beginning in) ►	(a) 2004	<b>(b)</b> 2003		(c) 2002		<b>(d)</b> 2001		(e) Total		
45	Lobbying nontaxable amount										
46	Lobbying ceiling amount (150% of line 45(e))								* * * * * * * * * * * * * * * * * * * *		
47	Total lobbying expenditures										
48	Grassroots non- taxable amount										
49	Grassroots ceiling amount (150% of line 48(e))										
50	expenditures							. <del></del>			
Par	t VI(B / Lobbying A (For reporting o	ctivity by Nonelections that	ting Public Chariti at did not complete Par	<b>es</b> t VI-A) (S	See instr	ructions	s )		N/A		
	ng the year, did the organing to influence public op					ıncludır	ng any	Yes No	Amount		
ä	Nolunteers								J		
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .)									1 : 1 : 1 : 1		
t	Paid staff or manageme	int (Include compensation	on in expenses reporter	a on lines	,	-g., •.,		i	}		
	<ul> <li>Paid staff or manageme</li> <li>Media advertisements</li> </ul>	nt (Include compensation	on in expenses reported	on lines		agii •••)	ļ				
•	•		on in expenses reported	a on lines		<b>.</b> g., <b></b> ,					
0	Media advertisements	gislators, or the public		o on lines		<i>-</i> g.,,					
(	: Media advertisements d Mailings to members, le	gislators, or the public ed or broadcast stateme	ents	on lines		<b>.</b> 911 <b></b> ,					

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

i Total lobbying expenditures (add lines  ${\bf c}$  through  ${\bf h}$ .)

Schedule A (Form 990 or 990-EZ) 2004

## Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the	e reporting organization o Code (other than section	directly or inc 501(c)(3) or	directly engage in any of translations) or in section	the following	with any other organization described g to political organizations?	in section	1 501(0	<b>:</b> )
			a noncharitable exempt		-		Yes	No
	ish	-	, a noncharitation axampt	or garnzanor.	. 0.	51 a (i)		X
	her assets			,	.,	a (ii)		X
	transactions:	, ,,,,,				- 3 (117	_	
		alc with a po	oncharitable exempt organ	visation		b (i)		х
	•		. •					X
			ble exempt organization.			<u>ь (li)</u>		$\frac{\hat{x}}{x}$
	• •		assets.			ь (ii)		
	Imbursement arrangeme					b (IV)		X
						b (v)		X
			p or fundraising solicitation			b (vi)		X
			s, other assets, or paid e		(h) about a local about the factor	C .		<u> </u>
the go	ods, other assets, or ser	vices given	by the reporting organizal	ion If the or	mn (b) should always show the fair marganization received less than fair mark ds, other assets, or services received	ket value	in in	
(a)	(b)	ngement, sr	(c)	ie of the goo	ds, other assets, or services received			
Line no.	Amount involved	Name of	noncharitable exempt org	anization	Description of transfers, transactions, and s	sharing arrar	ngement	ls
N/A	_ <del></del>						-	
_								
	<u> </u>							
		ļ						
		_						
descrit	organization directly or in bed in section 501(c) of t complete the following	the Code (ot	iated with, or related to, oner than section 501(c)(3)	one or more ) or in section	tax-exempt organizations on 527?	► ☐ Ye	s X	No
	(a)		(b)		(c)			
	Name of organization		Type of organiza	tion	Description of relation	iship		
N/A								
			·					
	<del></del>		<del></del>					
		<del></del> _						
				<del></del>				
	<del></del>							
	<del> </del>							

BAA

2004	FEDERAL STAT	<b>EMENTS</b>		PAGE 1
CLIENT 4152	COMMITTEE FOR MISSING	CHILDREN, INC		58-2215576
1/16/06				07 34PN
STATEMENT 1 FORM 990, PART I, LINE 7 OTHER INVESTMENT INC	OME			
INTEREST\DIVIDEND INC	OME		TOTAL \$	4,580. 4,580.
STATEMENT 2				<u> </u>
FORM 990, PART I, LINE 2	0 ASSETS OR FUND BALANCES			
EXCHANGE GAIN (LOSS)			TOTAL \$	<u>373.</u> <u>373.</u>
		·		
STATEMENT 3 FORM 990, PART II, LINE 4 OTHER EXPENSES	43			
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
BANK CHARGES CASUAL LABOR	9,938. 161.	502. 161.	16.	9,420.
COMPUTER SUPPLIES CONTRIBUTIONS	2,104. 490.	1,921.	183. 490.	
DUES AND SUBSCRIPTION INSURANCE		1,836.	855. 190.	
INTERNET SERVICE LIBRARY SUPPLIES	1,632. 10.	1,630. 1,632. 10.	190.	
MISCELLANEOUS OFFICE MAINTENANCE	1,736. 485.	1,630. 437.	106. <b>4</b> 8.	
OFFICE SECURITY SYSTE OFFICERS LIFE INSURAN	M 252.	227. 3,774.	25. 419.	
PARENT ADVOCACY PROMOTIONS	47,841. 1,042.	47,841. 1,042.	417.	
PUBLIC RELATIONS STATE REGISTRATIONS	30,802. 2,790.	30,802. 2,511.	279.	
STORAGE UTILITIES	4,080. 2,046.	4,080. 1,841.	205.	

## **STATEMENT 4** FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

UTILITIES
WEB SITE DEVELOPMENT

CATEGORY			BASIS	_	ACCUM. DEPREC.	 BOOK VALUE
FURNITURE AND FIXTURES	OTAL	\$ \$	59,093. 59,093.	\$ \$	42,153. 42,153.	\$ 16,940. 16,940.

2,046.

3,690. 116,173. \$

TOTAL \$

1,841. 3,690. 103,937.

2,816. \$

9,420.

2004	FEDERAL STATE	MENTS		PAGE 2
LIENT 4152	COMMITTEE FOR MISSING O	CHILDREN, INC.		58-221557
STATEMENT 5 FORM 990, PART IV, LINE 58 OTHER ASSETS				07.34PI
DEPOSITS			TOTAL \$	1,424. 1,424.
STATEMENT 6 FORM 990, PART IV, LINE 65 OTHER LIABILITIES				
ACCRUED PAYROLL TAXES ACCRUED TELEMARKETING			\$ TOTAL \$	2,952. 132,146. 135,098.
STATEMENT 7 FORM 990, PART V	ODC TRUCTEC AND VEVEN	1PLOYEES		
LIST OF OFFICERS, DIRECTO	TITLE AND AVERAGE HOUR	RS COMPEN-	BUTION TO	
NAME AND ADDRES  DAVID THELEN 242 STONE MOUNTAIN ST LAWRENCEVILLE, GA 30045	TITLE AND AVERAGE HOUR PER WEEK DEVO	RS COMPEN- TED SATION	BUTION TO	ACCOUNT/ OTHER
NAME AND ADDRES  DAVID THELEN 242 STONE MOUNTAIN ST	TITLE AND AVERAGE HOUR PER WEEK DEVO CEO 40  SECRETARY 25	RS COMPEN- TED SATION	BUTION TO EBP & DC \$ 0.	ACCOUNT/ OTHER \$ 0
NAME AND ADDRES  DAVID THELEN 242 STONE MOUNTAIN ST LAWRENCEVILLE, GA 30045  KAREN THELEN 242 STONE MOUNTAIN ST	TITLE AND AVERAGE HOUR PER WEEK DEVO CEO 40  SECRETARY 25  DIRECTOR 40	RS COMPEN- TED SATION \$ 70,000.	BUTION TO EBP & DC \$ 0.	ACCOUNT/ OTHER \$ 0
NAME AND ADDRES  DAVID THELEN 242 STONE MOUNTAIN ST LAWRENCEVILLE, GA 30045  KAREN THELEN 242 STONE MOUNTAIN ST LAWRENCEVILLE, GA 30045  CHRISTIANE LOPS INDUSTRIESTRASSE 10	TITLE AND AVERAGE HOUR PER WEEK DEVOY CEO 40  SECRETARY 25  DIRECTOR 40  63505  TREASURER 1	RS COMPEN- TED SATION \$ 70,000.	BUTION TO EBP & DC \$ 0.	ACCOUNT/ OTHER \$ 0
NAME AND ADDRES  DAVID THELEN 242 STONE MOUNTAIN ST LAWRENCEVILLE, GA 30045  KAREN THELEN 242 STONE MOUNTAIN ST LAWRENCEVILLE, GA 30045  CHRISTIANE LOPS INDUSTRIESTRASSE 10 LANGENSELBOLD, GERMANY,  GEORGE W. MARLOW 606 CROGAN STREET	TITLE AND AVERAGE HOUR PER WEEK DEVOY CEO 40  SECRETARY 25  DIRECTOR 40  63505  TREASURER 1	RS COMPEN- TED SATION \$ 70,000. 20,000.	BUTION TO EBP & DC \$ 0.	ACCOUNT/ OTHER \$ 0
NAME AND ADDRES  DAVID THELEN 242 STONE MOUNTAIN ST LAWRENCEVILLE, GA 30045  KAREN THELEN 242 STONE MOUNTAIN ST LAWRENCEVILLE, GA 30045  CHRISTIANE LOPS INDUSTRIESTRASSE 10 LANGENSELBOLD, GERMANY,  GEORGE W. MARLOW 606 CROGAN STREET LAWRENCEVILLE, GA 30045  DONALD PUTTERMAN 4 PRINCETON STREET	TITLE AND AVERAGE HOUR PER WEEK DEVOY CEO 40  SECRETARY 25  DIRECTOR 40  TREASURER 1  DIRECTOR 1  DIRECTOR	RS COMPEN- SATION \$ 70,000. 20,000. 31,334.	BUTION TO EBP & DC \$ 0.	ACCOUNT/ OTHER

2004

#### **FEDERAL STATEMENTS**

PAGE 3

**CLIENT 4152** 

COMMITTEE FOR MISSING CHILDREN, INC.

58-2215576 07 34PM

1/16/06

STATEMENT 7 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTER			CONTRI- BUTION TO EBP & DC	
LINDA SHAY-GARDNER 740 MAIN ST BETHLEHEM, PA 18018	DIRECTOR 1	\$	0.	\$ 0.	\$ 0.
BARBARA KURTH JORDAN HALL 3-98 CHARLOTTESVILLE, VA 22908	DIRECTOR 1		0.	0.	0.
HARALD WEISKER JAHNSTRASSE 14 RODGAU, GERMANY, 63110	DIRECTOR 1		0.	0.	0.
EMILY BUTRILL 3121 PANTHERVILLE RD DECATUR, GA 30037	DIRECTOR 1		0.	0.	0.
KEVIN LANGE 4805 E. THISTLE KANDING DR, #1 PHOENIX, AZ 85044	DIRECTOR 1		0.	0.	0.
	TOTA	L <u>\$ 121,</u>	334.	\$ 0.	<u>\$ 0.</u>

STATEMENT 8
FORM 990 , PART VI, LINE 90A
LIST OF STATES WHICH THIS RETURN IS FILED

ALABAMA **ALASKA** ARIZONA **ARKANSAS** CALIFORNIA CONNECTICUT FLORIDA GEORGIA ILLINOIS INDIANA **KANSAS** KENTUCKY LOUISIANA MAINE MARYLAND **MASSACHUSSETTS** MICHIGAN MINNESOTA MISSISSIPPI NEW HAMPSHIRE **NEW JERSEY** NEW MEXICO **NEW YORK** NORTH CAROLINA NORTH DOKOTA

2004

### **FEDERAL STATEMENTS**

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**CLIENT 4152** 

COMMITTEE FOR MISSING CHILDREN, INC.

58-2215576

1/16/06

07:34PM

STATEMENT 8 (CONTINUED) FORM 990 , PART VI, LINE 90A LIST OF STATES WHICH THIS RETURN IS FILED

OHIO
OKLAHOMA
OREGON
PENNSYLVANIA
RHODE ISLAND
SOUTH CAROLINA
TENNESSEE
UTAH
VIRGINIA
WAHSINGTON
WEST VIRGINIA
WISCONSIN

STATEMENT 9
SCHEDULE A, PART III, LINE 2
TRANSACTIONS WITH TRUSTEES, DIRECTORS, ETC.

SEE PART V, FORM 990

PAGE 01 10:31 משטע////ע 7704491710 REYNOLDS LYONS AND C OMB No. 1545-0172 **Depreciation and Amortization** 4562 Form (Including Information on Listed Property) 2004 Document of the Tressury Allachmenta Sequence No. See Separate Instructions. Attach this form to your return. Internoi Revenue Service Business or ectivity to which this form relates Nomo(s) shown on return identifying number COMMITTEE FOR MISSING CHILDREN NON-PROFIT 58-2215576 Election to Expense Certain Tangible Property Under Section 179 NOTE: If you have any "listed property", complete Part V before you complete Part I. 102,000 8,806 Total cost of section 179 property placed in service (see page 2 of the instructions) . . . . . . 410,000 Threshold cost of section 179 property before reduction in limitation . . . . Reduction in limitation, Subtract line 3 from line 2, If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or loss, onter -0- if married filling separately 102,000 see page 3 of the instructions (a) Description of property. (b) Cost (business use noise) (C) FIRCUSE CON Listed proporty. Enter the amount from line 29 . . . . . . . Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2003 Form 4562 10 102,000 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 **经验证** Carryover of disallowed deduction to 2005, Add lines 9 and 10 less line 12 Do not use Part II or Part III bolow for listed property, Instead, uso Port V Special Depreciation Allowance and Other Depreciation (Do Not Include Listed Property.) Special depreciation allowence for qualified proporty (other than listed property) placed in service during the tax year (see page 3 of the instructions).... Property subject to section 168(f)(1) election (see page 4 of the instructions) 15 5,670 Other depreciation (including ACRS) (see page 4 of the instructions) 16 APA HOUSE MACRS Depreciation (Do Not Include Listed Property.) (See page 4 of the instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2004 17 17 If you are electing under section 168(i)(4) to group only assets placed in service during the tax 18 year into one or more general asset accounts, check here.

Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/invos/mmi use Afty-See instructions)	(d) Recovery paried	(B) Convention	(f) Mothod	(9) Depreciation deducator
Qa_	3-year property			3 yrs.	HY		
þ	5-year proporty			5 yrs.	HY		
c	7-year property			7 yro.	HY		
₫	10-year property			10 yrs.	HY		
٥	15-year property			15 yrs.	HY		
	20-year property			20 yrs.	нх		
_9_	25-year property			25 yrs.	НҰ	\$/1	
h	Residential rental			27.5 yrg.	MM	\$/\_	
	property			27.5 yrs.	MM	5/1_	
ŧ	Nonresidential real			39 yrs	MM	S/L	
	property			39 yrs.	MM	S/L	
	Section C · Assets Pi	aced in Service Dur	ing 2004 Tax Year Us				
Qa_						S/L	
<u>b</u>	12-year			12 yrs		S/L	
ç	40-year			40 yrs.	MM	\$/L_	
PX	Summary (See page	7 of the instructions)					
21	Listed Property Enter amoun	t from line 28				24	
22	Total. Add amounts from line		17 lines 19 and 20 in	column (a) and	line21 Enter he		

of the basis attributable to section 263A costs

on the appropriate lines of your return. Partnerships and S Corporations - see instructions

For assets shown above and placed in service during the current year, enter the portion

5,670

01/17/2006 10:31

Page 2 COMMITTEE FOR MISSING CHILDREN - 58-2215576 Form 4582 (2004) Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting losse expense, complete only 24s, 24b, columns (8) through (c) of Section A. all of Section B. and Section C if applicable See page 8 of the instructions for limits for passenger automobiles. Saction A - Depreciation and Other Information (Caution: No 24b If "Yes," is the evidence written? Yes 24a Do you have evidence to support the business/investment use cisimed? Yes (0)
Bigata for approachion (business/ livestment) (c) Business/ (d) (1) (b) (g) (h) Elected Type of property Cart or other Recovery Mothod Onto olaco In Depreciation invasiment acction 179 (list vehicles first) service UBO Dercentago Daeis andad Convention Deduction CORT 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 60% in a qualified business use (see page 7 of the instructions) . 26 Property use more than 50% in a qualified business use (See page 7 of the instructions. 96 96 27 Property use 50% or loss in a qualified business use (See page 7 of the instructions.) S/L-S/L 28 Add amounts in column (h), lines 25 through 27. Enter the total here and on line 21, page 1 28 29 Add amounts in column (i) line 26. Enter the total here and on line 7 page 1.

Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vahicles (a) (b) m (c) (d) (e) 30 Total bus /investment miles Vehicle 1 Vehicle 2 Venicle 3 Vehicle 4 Vehicle 5 Vehicle 6 driven during the yr. (DO NOT include commuting miles). . 31 Total commuting miles driven during the year . . . . . 32 Total other personal (noncommuting miles driven . . 33 Total miles driven during the year Add lines 30 through 32 Yos Yes No Yes No Yes No Yes Ne 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or rolated person? . 38 is another vehicle available for porsonal uso? ..... Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. (See page 10 of the instructions.) No 37 Do you maintain a written policy statement that prohibits all personal use of vehicles. Including commuting, by your employees? . . Do you maintain a written policy statement that prohibits personal use of vehicles except commuting, by your employees? See page 8 of the instructions for vahicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See page 10 of the Instructions) 和新数别的研究 Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (e) (a) (b) (c) (d) Amortization Description of costs Date amortization Amortizable Code Amortization period or begins amount section for this year percentaga Amortization of costs that begins during your 2004 tax year (See page 11 of the instructions). 43 Amortization of costs that began before 2004 tax year 43